

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 3134

Registered No. 318

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 2 Oak St. Claypool St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child William Henry Byrne (If child is not yet named, make supplemental report, as directed.)

Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Aug-7-1927
Month Day Year

FATHER Full name William Alvin Byrne 14. MOTHER Full maiden name Sarah Ann Tipton

9. Residence (Usual place of abode) Miami 15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona If non-resident, give place and state. Arizona

10. Color or race Cauc. 11. Age at last birthday 39 (Years) 16. Color or race Cauc. 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) La Mar, Texas 18. Birthplace (city or place) Duncan, Arizona
(State or country) (State or country)

13. Occupation Butcher 19. Occupation Housewife
Nature of industry

20. Number of children of this mother _____ (a) Born alive and now living 3
(b) Born alive but now dead _____
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:15 P. m. on the date above stated
(Born alive or stillborn)

Signature Cyril M. Brown M.D. Physician (Physician or midwife)

Address Miami, Arizona

Filed Aug 15, 1927 C. E. From Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Even name added from supplemental report _____ Month, day, year _____
Registrar _____
625-807-235